



Metropolitan Government of Nashville and Davidson County

## Title VI Discrimination Complaint

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

1. Name (Complainant):	2. Phone:	3. Home address (street#, city state, zip):																								
4. If applicable, name of person(s) who allegedly discriminated against you:																										
5. Location and position of person(s) if known:		6. Date of alleged incident:																								
7. Discrimination because of: <table border="0"><tr><td><input type="checkbox"/> Race</td><td><input type="checkbox"/> Gender</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> National Origin</td><td><input type="checkbox"/> Age</td><td></td></tr><tr><td><input type="checkbox"/> Color</td><td><input type="checkbox"/> Veteran Status</td><td></td></tr><tr><td><input type="checkbox"/> Disability</td><td><input type="checkbox"/> Religion</td><td></td></tr></table>			<input type="checkbox"/> Race	<input type="checkbox"/> Gender	<input type="checkbox"/> Other: _____	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age		<input type="checkbox"/> Color	<input type="checkbox"/> Veteran Status		<input type="checkbox"/> Disability	<input type="checkbox"/> Religion													
<input type="checkbox"/> Race	<input type="checkbox"/> Gender	<input type="checkbox"/> Other: _____																								
<input type="checkbox"/> National Origin	<input type="checkbox"/> Age																									
<input type="checkbox"/> Color	<input type="checkbox"/> Veteran Status																									
<input type="checkbox"/> Disability	<input type="checkbox"/> Religion																									
8. Explain as briefly and clearly as possible what happened and how you believe you were discriminated against. Indicate who was involved. Be sure to include how you feel other persons are treated differently than you. Attach additional sheets as needed. Also, attach any written material pertaining to your case.																										
9. Why do you believe these events occurred?																										
10. What other information do you think is relevant to the investigation?																										
11. How can this/these issue(s) be resolved to your satisfaction?																										
12. Please list below an person(s) we may contact for additional information to support or clarify your complaint (witnesses, fellow employees, supervisors, others): <table border="0"><tr><td>Name:</td><td>Title:</td><td>Address:</td><td>Phone Number:</td></tr><tr><td>1.</td><td></td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td><td></td></tr><tr><td>4.</td><td></td><td></td><td></td></tr><tr><td>5.</td><td></td><td></td><td></td></tr></table>			Name:	Title:	Address:	Phone Number:	1.				2.				3.				4.				5.			
Name:	Title:	Address:	Phone Number:																							
1.																										
2.																										
3.																										
4.																										
5.																										
Signature:		Date:																								